**Regional Healthcare Partnership 8 and 17 Joint Learning Collaborative Cohort Webinar Thursday, November 10, 2016 • 10:00 – 11:30 a.m.**

**ATTENDANCE**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization** | **Name(s)** |  | **Organization** | **Name(s)** |
| Baylor Scott & White – Brenham, Llano, Memorial | Blake Barnes  Gabby Menz | Montgomery County Public Hospital District |  |
| Bell County Public Health District | Renee Carter | Prenatal Clinic |  |
| Bluebonnet Trails | Morgan Starr  Meghan Nadolski  Tiffany Allen  Amber Hillanbrand  Corrine Turmelle  Beth McClary | Seton Harker Heights | Zach Dietz |
| Brazos County Health District |  | Seton Highland Lakes | Cindy Sanchez  Michael Williams |
| Center for Life | Ranita Oliver | St. David’s Round Rock Medical Center |  |
| Central Counties Services | Nicole Williams | St. Joseph Regional | Martha Fuentes |
| College Station Medical Center / Washington County EMS |  | St. Luke’s |  |
| Conroe Regional Medical Center & Kingwood | Shannon Evans | Texas A&M Physicians | Carly McCord, TCC  Doris Howell, EBP  Debbie Muesse, BVCCP |
| Health for All | Liz Dickey | Tri-County Behavioral Healthcare | Cynthia Peterson |
| Hill Country MHMR | Kristie Jacoby | Williamson County and Cities Health District | Matt Richardson  Melissa Tung |
| Huntsville Memorial Hospital | Lisa Prochaska | RHP 8 Anchor Team | Jennifer LoGalbo  Shawna Jiles |
| Little River Healthcare | George DeResse | RHP 17 Anchor Team | Carmela Perez  Shayna Spurlin |
| MHMR Authority of Brazos Valley | Robert Reed | Other Stakeholders |  |

**MINUTES**

# Welcome and Introductions/Roll Call

1. **Raise Performance: Cat 3 Review with Examples**

* Ms. Shayna Spurlin provided a presentation on the development and components associated with Cat 3 (P4P, P4R, SA, Non-SA, AIA, SAs, PFPMs, etc.) – specific information about these components are available in the Anchor presentation.
* Additionally, participants were provided examples of Cat 3 reporting scenarios (e.g., baseline periods and how those associate with various reporting cycles), and stakeholders were informed of carry-forward examples, and how carry-forward was reported and achieved as this differs from Cat 1/2, whereas with Cat 3 the entire reporting period shifts.
* Lastly, Ms. Spurlin wrapped-up with providing examples of how to review and assure Compendium documents are being used as specified by providers as part of reporting.

1. **Cohort Discussion: Provider Experience Related to Cat 3/Q&A**
   * Meghan, Bluebonnet Trails (BTCS)
     + Thank you for the presentation, it was very thorough and informative. We have some measures that have attached NQF measures. Those specifications do not always match compendium. We have decided to go with NQF measures but are wondering what other providers are doing in that situation.
     + Shayna Spurlin – There is a section in compendium where HHSC will highlight the changes they made/sometimes they don’t. There was a provider in RHP 17 who had a similar issue and we had to go back and forth with HHSC and outline for them why the original was important. The provider received written approval from HHSC to go ahead with original.
     + Meghan – We worked with HHSC as well. This came up when we did corrections, and it also came up with MSLC, but we already had HHSC written approval. So far MSLC have accepted that.
   * Cynthia, Tri-County
     + If there is anything you are questioning, it is best to get questions to HHSC for responses. This also can help providers during the audit process because you will already have documentation from HHSC in support of how you are capturing/reporting on Cat 3.
   * Matt, Williamson County and Cities Health District (WCCHD)
     + Save every email, nurture your relationship with the anchor, and never stop fighting. We have the blood pressure measure as one Cat 3 measure. The project was audited by MSLC numerous times, and after much diligence and work with MSLC, WCCHD has been provided with final baseline measurement periods that are achievable. WCCHD is currently in the process of working with HHSC to determine next steps since the October DY5 reporting template had the previous information, not the updated baseline from MSLC.
   * Shayna – One thing about Compendiums is that they were created in March 2014 (final versions published by HHSC in Oct. 2014). The compendiums have not been updated since then, and HHSC has no plans to update for ICD-10.
   * General discussion about Waiver renewal and any associated timelines?
     + Shayna – The Anchor teams have asked HHSC for a timeline for Waiver renewal activities. HHSC has communicated they are working on developing a plan that they will share with Anchors. In the meantime, in an effort to keep the Regions moving forward, the RHP 8 & 17 Anchors are meeting internally to develop a timeline of our own, as we await HHSC’s next steps. There are very few updates with Waiver renewal, we know conversations are happening between CMS and HHSC. We will be sending out the latest notes from the Anchor Call. Please let us know if you have suggestions or questions.
   * General discussion about October DY5 reporting and uploading a QPI template that may have included an error?
     + Shayna – Although the provider did not report for achievement of the QPI metric, the metric could still be marked as NMI as completing and uploading a complete QPI template is required as part of semi-annual reporting every October. We suggest the provider work to correct the QPI template in anticipation of submitting during the NMI period in December.
2. **Recommended Next Steps**

* Review
  + Review the measure selections you made
  + Be familiar with approved denominator subsets you requested
  + Red through the compendium document for each selected measure
  + Review the MSLC Summary of Cat 3 Findings
* Double-check the data
  + Are all reported calculations done to specification?
  + Did you take into account all approved subsets when calculating your denominator?
  + Did you apply all inclusions and exclusions, per compendium, when calculating both the numerator and denominator?
* Recalculate (if needed)
  + Update past calculations with any missing inclusions/exclusions
  + Ensure approved denominator subsets appropriately applied
  + Understand what the new rate means and how they differ from the rates and goals currently on file for the project
* Correct (as determined appropriate)
  + Consider consistency across reporting periods and how new rates compare to reported rates
  + If not eligible for corrections in the reporting template, be prepared to make corrections in February 2017 when the next Interim Correction Period opens
  + If you were eligible to make corrections in the Cat 3 template during October, consider asking HHSC if corrections allowed during the December NMI period; otherwise, be prepared to request corrections during April 2017 reporting

1. **Upcoming Events/Adjourn**

* No formal LC call or cohort meeting due to holidays and regional meetings
* 12/7/16 – RHP 8 Regional Meeting in Round Rock (tentative)
* 12/8/16 – RHP 17 Regional Meeting in Bryan/College Station (tentative)
* 12/9/16 – HHSC to release reporting review and NMI period opens
* 12/26/16 thru 12/30/16 – TAMHSC Holiday Break; Anchor offices closed
* SAVE THE DATE! 1/19/16 – Joint Cohort Meeting (Round Rock): Managed Care Roundtable with United Healthcare